December 2011

PREAPPLICATION CONFERENCE REQUEST

FORM MUST BE COMPLETED IN INK, PREFERABLY $\underline{\textbf{BLUE}}.$ PENCIL WILL NOT BE ACCEPTED.



DATE STAMP FOR CITY USE ONLY		TO BE FILLED OUT BY APPLICANT		
		PROJECT NAME:		
FOR CITY	USE UNLY	TAX ASSESSOR'S NUMBER:		
		PROJECT STREET ADDRESS OR ACCESS STREET:		
		ENVIRONMENTAL CHECKLIST SUBMITTED: YES NO		
		FOR CITY USE ONLY		
		FILE NUMBER:		
		PROJECT NUMBER:		
		DATE RECEIVED:		
		Application Fee:		
		TREASURER'S RECEIPT NUMBER:		
SUBMITTAL REQUIREMENTS				
APPLICATION	Whenever possible, origin	ist contain an original signature) and six copies must be provided. in in last must be signed in blue. Please identify the original document.		
SUPPORTING DOCUMENTS	One original (which mus original is not applicable,	ast contain an original signature), where applicable, and six copies (if an experience, seven copies must be provided).		
Full-size Drawings	Seven copies of the required drawings must be provided. Drawings must be folded and 18" x 24" in size. No construction drawings or other sized drawings will be accepted unless specifically requested.			
REDUCED DRAWINGS	Two copies (five if commercial) of the drawings reduced to 11" x 17" must be provided.			
Applications <i>must be submitted in person</i> by either the owner or the owner's designated agent. Should an agent submit the application, a <i>notarized Owner/Applicant Agreement</i> must accompath the application (owner/app agreement attached). Please call (206) 780-3762 to set up an appointment to submit the application.				
FEES	FEES Please call the Department of Planning & Community Development for submittal fee information Review by the Kitsap County Health Department may require additional fees and processing time			
unless these basic	APPLICATIONS WILL NOT BE ACCEPTED unless these basic requirements are met and the submittal packet is deemed counter complete.			

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT
280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812

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A. GENERAL INFORMATION

1.	Name of property owner:	
	Address:	
	Phone:	Fax:
		E-mail:
	Name of managers	
	Name of property owner:	
	Address:	
	Phone:	Fax:
		E-mail:
	Name of property owner:	
	A 11	
		Form
	Phone:	Fax:
		E-mail:
		record as shown by the county assessor's office is (are) not the agent,) signed and notarized authorization(s) must accompany this application.
2.	Applicant/agent:	
	Address:	
	Phone:	Fax:
		E-mail:
3.	Name of land surveyor:	
	lress:	
Pho	_	Fav
1 110		Fax:
4.	Planning department person	nel familiar with site:
••	B ackarament berson	

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5. Description	5. Description of proposal:					
					_	
6. Driving dir	rections to site:					
	the following exis					
Asse	Assessor's Parcel Number Parcel Owner *Lot Area				*Lot Area	
Use additional s	The additional about if accessory					
Use additional sheet if necessary		L	d. A. J. C. J.	Total of all parcels:		
			* As defined	in Bainbridge Island Mi	unicipal Code 18.12.050	
8. Legal desc	ription (or attach):					
C	,					
-						
9. Current coi	mnrahansiya nlan	zoning and shore	alina designations	and use of subject parcel	(a):	
	Comp Plan	Zoning and shore Zoning	Shoreline			
Designation Designation			Designation	Curre	ent Use	
Lot						
Lot						
Lot						
Lot						

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10. Curre	nt comprehensive plan, z	oning and shore	line designations	and use of adjacent properties:		
Propert	Comp Plan	Zoning	Shoreline	Current Use		
	Designation Designation	Designation	Designation			
North						
South						
East						
West						
11. Comr 12. Does Critic 16.20 If yes v v v v s s s s s s s s s s s s s s s	Common name of adjacent water area or wetlands area: Does the site contain an environmentally sensitive area as defined in Critical Areas Ordinance (Bainbridge Island Municipal Code Chapter 16.20)? If yes, check as appropriate: wetland* geologically hazardous area** wetland buffer* zone of influence** stream* slope buffer** stream buffer* fish and wildlife habitat area *If your site includes a wetland or wetland buffer, a wetland report may be necessary with your application. *If your site includes a geologically hazardous area or is within the zone of influence as defined in Bainbridge Island Municipal Code 16.20, a geotechnical report may be necessary with your application. Are there underlying/overlying agreements on the property? yes no unknown If yes, check as appropriate and provide a copy of the decision document:					
	CUP Conditional Use P		☐ SP			
		MPD Master Planned Development		T Short Plat		
	PUD Planned Unit Dev	elopment		DP Shoreline Permit		
	REZ Contract Rezone					
<u> </u>	RUE Reasonable Use Exception		□ VA	Č		
				ner:		
	Under which jurisdiction was the approval given? ☐ City of Bainbridge Island ☐ Kitsap County Approval date:					

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14.	Is there any other information which is pertinent to this project?				
	If yes, please explain:				
,					
В.	TECHNICAL INFORMATION				
1.	Name of water purveyor:				
	If a private well, what class?				
2.	Type of sewage disposal:				
	Sewer district:				
3.	General description of the existing terrain:				
•					
4.	Soil survey classification:				
5	Flood plain designation: $\Box X \Box AF$				

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Required ROW

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6. Access (street functional road classifications):

	Street Type	Width	Street Name	Existing R	OW Width
	primary arterial	150 feet	Highway 305		
	secondary arterial	60 feet			
	collector	50 feet			
	residential urban	40 feet			
	residential suburban	30 feet			
	private	20 - 30 feet			
7. :	Sidewalks are adjacent to the	are	feet wide.	yes	no
	Sidewalk installation is pro	posed as part of the	e development project:	☐ yes	∐ no
	Proposed sidewalks:	adjacent to	the parcel and are to be	feet	wide.
		internal to t	he proposal and are to be	feet	wide.
(Proposed floor area ratio (grocontained in buildings exclude building parking/lot area):				
	Proposed lot coverage (total a footprint/lot area x 100%):	area of building			
11.]	Height of proposed buildings	or structures:			
12. \$	Square footage of all spaces:		storage:		
	retail:		residential:		
	office:		other:		
13.]	Number of stories proposed:				
	Denin	THENT OF DIABOTE	IC AND COMMUNICAL DEVELOPMENT	ATTE.	

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14.	Proposed setbacks: north:	south:	
	east:	west:	
15.	Number of parking stalls proposed:		
16.	Amount of square footage of proposed paved areas:		
17.	Percent of site to be covered by impervious surfaces:		%
	(If the proposal results in more than 1,000 square feet of additional	l impervious surface, a preliminary draina	ge plan shall be required.)
18.	For light manufacturing proposals, percentage of site to	remain as open space:	%
19.	Is the applicant proposing any terms, conditions, covena intended development: (If yes, attach copies)	ants and agreements or other documents	ents regarding the
20.	Is the proposal part of a phased development plan? (If s	so, an outline of the future plans mus	st be submitted.)
21.	List any other permits for this project from state, federal or will apply, including the name of the issuing agency, the application was approved or denied, and the application	whether the permit has been applied	

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22. Will the completed project result in 800 or more square feet of impervious surface					
(building footprint + driveways + parking)?	∐ yes	∐ no	unknown		
23. Will the project result in clearing more than six significant trees or 2,500	<u> </u>	_ ~	ınd? □ unknown		
	∐ yes	∐ no	unknown		
24. Do storm water systems exist on the site?	☐ yes	☐ no	unknown		
If yes, were they constructed after 1982?	☐ yes	☐ no	unknown		
If yes, what type of storm water system exists on the site?					
☐ infiltration ☐ open ditching ☐ closed co	onveyance		detention		
25. Will the completed project result in excavating of or filling in:					
☐ less than 50 cubic yards. ☐ more than 50 cubic yards but less than 100 cubic yards. ☐ more than 100 cubic yards.					
26. For reasonable use exception applications, proposed square footage of wetland and buffer to be disturbed:					
·					
I hereby certify that I have read this application and know the same to be true and correct.					
*Signature of owner or authorized agent	Date	2			
DI D'					

DEPARTMENT OF PLANNING AND COMMUNITY DEVELOPMENT 280 MADISON AVENUE NORTH • BAINBRIDGE ISLAND, WA • 98110-1812 PHONE: (206) 842-2552 • FAX: (206) 780-0955 • EMAIL: pcd@bainbridgewa.gov

*If signatory is not the owner of record, the attached "Owner/Agent Agreement" must be signed and notarized.

Owner/Agent Agreement

The undersigned is (are) the	e owner(s) of	record of the property ident	ified by the Kitsap Count
Assessor's account number _			
located at			
Bainbridge Island, Washingto	on. The under	signed hereby gives (give) con	nsent and approval to
to act on his/her (their) behal	f as his/her (th	eir) agent to proceed with an	application for (please
check all items that apply):	planning		wer availability, right-of-way, etc)
on the property referenced he	rein. This agr	reement authorizes the agent to	o act on the owner's behalf
for the above checked applica	ations through	(date or specific phase)	
		_	
Owner of record	Date	Owner of record	Date
STATE OF WASHINGTON COUNTY OF KITSAP)) ss.)		
		_, before me, the undersigned, a N	otary Public in and for the
State of Washington, duly commissi	oned and sworn,	personally appeared:	
me that he/she/they signed and seale	d the said instrum	o executed the foregoing instrument, tent, as his/her/their free and voluntar e/she/they was (were) authorized to e	ry act and deed for the uses and
WITNESS MY HAND AND OFFICIAL SEA	1 <i>L</i> , hereto affixed	the day and year in this certificate ab	oove written.
		Notary Public in and for the State	e of Washington
		Residing at	
		My appointment expires:	